

Ronnie Wayne Hamby  
1479 Heritage Farm Rd  
Hickory, NC 28601

Cardmember Serv  
P.O. Box 15153  
Wilmington, DE 19896

Home Depot  
P.O. Box 105980  
Dept. 51  
Atlanta, GA 30353

Karin Denise Hamby  
1479 Heritage Farm Rd  
Hickory, NC 28601

Carolina Athletic Produc  
PO Box 729  
Conover, NC 28613

HSBC Mortgage  
P.O. Box 5207  
Carol Stream, IL 60197

Robert H. Gourley Jr.  
Gourley and Griffin  
249 E. Broad  
Statesville, NC

Chase  
P.O. Box 830016  
Baltimore, MD 21283

Internal Revenue Service  
P.O. Box 21126  
Philadelphia, PA 19114

Alexander County Tax Col  
Courthouse Annex  
101 1st Street SW  
Taylorsville, NC 28681

Cindy Fish Hamby  
75 Riverbend Rd  
Hiddenite, NC 28638

Internal Revenue Service  
320 Federal Place  
Greensboro, NC 27401

American General  
118 Liledoun Road SW  
Taylorsville, NC 28681

Citibank  
P.O. Box 8116  
S. Hackensack, NJ 07606

Internal Revenue Service  
PO box 21126  
Philadelphia, PA 19114

AmeriCredit  
P.O. Box 78143  
Phoeniz, AZ 85062

Corning Credit Union  
PO Box 489  
Hickory, NC 28603

Iredell Memorial Hospita  
P.O. Box 1828  
Statesville, NC 28687

Auto Equipment  
PO Box 392  
Statesville, NC 28687

First Card  
2500 Westfield Dr  
Mail Ste 6237  
Elgin, IL 60123

Iredell Radiology  
P.O. Box 671  
Statesville, NC 28687

Bankruptcy Administrator  
PO Box 34189  
Charlotte, NC 28284

Frye Regional Medical Ce  
P.O. Box 740783  
Atlanta, GA 30374

Kubota Credit Corp.  
1025 Northbrook Pky  
Suwanee, GA 30024

Beneficial  
PO Box 4153  
Carol Stream, IL 60197

GE Money Bank  
PO Box 981127  
El Paso, TX 79998

Lowes  
P.O. Box 105982  
Dept. 79  
Atlanta, GA 30353

BMW Financial  
2500 Corporate Exch Dr  
Ste 150  
Columbus, OH 43231

Hickory Orthopedic  
214 18th St SE  
Hickory, NC 28603

NC Dept of Revenue  
5111 Nations Crossing Rd  
Bldg 8  
Charlotte, NC 28217

Northern Leasing  
PO Box 7861  
New York, NY 10116

Unifour Anesthesia  
415 N Center Street  
Hickory, NC 28601

Piedmont Health Care  
P.O. Box 1845  
Statesville, NC 28687

US Attorneys Office  
Room 207, US Courthouse  
100 Otis Street  
Asheville, NC 28801

Providian  
P.O. Box 660548  
Dallas, TX 75266

Washington Mutual  
PO Box 830021  
Baltimore, MD 21283

RH Donnelley  
8400 Innovation Way  
Chicago, IL 60682

Western Piedmont/IWanna  
PO Box 3383  
Hickory, NC 28603

RH Donnelly  
8400 Innovation Way  
Chicago, IL 60682

Snap On Credit  
950 Technology Way  
Ste 301  
Libertyville, IL 60048

Special Procedures Func  
IRS, 320 Federal Place  
Greensboro, NC 27401

Sprint  
PO Box 541023  
Los Angeles, CA 90054

Suzuki Retail Svc  
Dept 7680  
Carol Stream, IL 60116

Target-Retailers Natl Ba  
P.O. Box 78D  
Minneapolis, MN 55478

UNITED STATES BANKRUPTCY COURT  
WESTERN DISTRICT OF NORTH CAROLINA

In re: Ronnie Wayne Hamby Karin Denise Hamby  
Debtors

Case No. \_\_\_\_\_  
Chapter 13

VERIFICATION OF CREDITOR MATRIX

The above named debtor(s), or debtor's attorney if applicable, do hereby certify under penalty of perjury that the attached Master Mailing List of creditors, consisting of 2 sheet(s) is complete, correct and consistent with the debtor's schedules pursuant to Local Bankruptcy Rules and I/we assume all responsibility for errors and omissions.

Dated: 01/03/07

Signed: s/ Ronnie Wayne Hamby  
Ronnie Wayne Hamby

Dated: 01/03/07

Signed: s/ Karin Denise Hamby  
Karin Denise Hamby

Signed: \_\_\_\_\_  
**Robert H. Gourley Jr.**  
Attorney for Debtor(s)  
Bar no.: **19034**  
**Gourley and Griffin**  
**249 E. Broad**  
**Statesville, NC**  
Telephone No.: **(704)872-5051**  
Fax No.: **(704)872-5449**  
E-mail address: **bgourleyjr@ggglaw.com**

United States Bankruptcy Court Western District of North Carolina						Voluntary Petition																					
Name of Debtor (if individual, enter Last, First, Middle): <b>Hamby, Ronnie Wayne</b>				Name of Joint Debtor (Spouse) (Last, First, Middle): <b>Hamby, Karin Denise</b>																							
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):				All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names): <b>a/k/a Karin Ethridge, Karin Wilson</b>																							
Last four digits of Soc. Sec./Complete EIN or other Tax I.D. No. (if more than one, state all): <b>7759</b>				Last four digits of Soc. Sec./Complete EIN or other Tax I.D. No. (if more than one, state all): <b>1297</b>																							
Street Address of Debtor (No. & Street, City, and State): <b>1479 Heritage Farm Rd Hickory, NC</b>				Street Address of Joint Debtor (No. & Street, City, and State): <b>1479 Heritage Farm Rd Hickory, NC</b>																							
ZIP CODE <b>28601</b>				ZIP CODE <b>28601</b>																							
County of Residence or of the Principal Place of Business: <b>Alexander</b>				County of Residence or of the Principal Place of Business: <b>Alexander</b>																							
Mailing Address of Debtor (if different from street address):				Mailing Address of Joint Debtor (if different from street address):																							
ZIP CODE				ZIP CODE																							
Location of Principal Assets of Business Debtor (if different from street address above):																											
ZIP CODE																											
<b>Type of Debtor</b> (Form of Organization) (Check <b>one</b> box.)  <input checked="" type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.)  		<b>Nature of Business</b> (Check <b>one</b> box)  <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101(51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other  <b>Tax-Exempt Entity</b> (Check box, if applicable)  <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code.)		<b>Chapter of Bankruptcy Code Under Which the Petition is Filed</b> (Check <b>one</b> box)  <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Chapter 7  <input type="checkbox"/> Chapter 9  <input type="checkbox"/> Chapter 11  <input type="checkbox"/> Chapter 12  <input checked="" type="checkbox"/> Chapter 13 </div> <div> <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding   <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding </div> </div> <hr/> <b>Nature of Debts</b> (Check <b>one</b> box)  <input checked="" type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <input type="checkbox"/> Debts are primarily business debts.																							
<b>Filing Fee</b> (Check <b>one</b> box)  <input checked="" type="checkbox"/> Full Filing Fee attached  <input type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b) See Official Form 3A.  <input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.				<b>Chapter 11 Debtors</b>  <b>Check one box:</b> <input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D).  <b>Check if:</b> <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2 million.  <b>Check all applicable boxes</b> <input type="checkbox"/> A plan is being filed with this petition <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).																							
<b>Statistical/Administrative Information</b> <input checked="" type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.						<b>THIS SPACE IS FOR COURT USE ONLY</b>																					
<b>Estimated Number of Creditors</b> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">1-49</td> <td style="text-align: center;">50-99</td> <td style="text-align: center;">100-199</td> <td style="text-align: center;">200-999</td> <td style="text-align: center;">1,000-5,000</td> <td style="text-align: center;">5,001-10,000</td> <td style="text-align: center;">10,001-25,000</td> <td style="text-align: center;">25,001-50,000</td> <td style="text-align: center;">50,001-100,000</td> <td style="text-align: center;">Over 100,000</td> </tr> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>								1-49	50-99	100-199	200-999	1,000-5,000	5,001-10,000	10,001-25,000	25,001-50,000	50,001-100,000	Over 100,000	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1-49	50-99	100-199	200-999	1,000-5,000	5,001-10,000			10,001-25,000	25,001-50,000	50,001-100,000	Over 100,000																
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																
<b>Estimated Assets</b> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;"><input type="checkbox"/> \$0 to \$10,000</td> <td style="text-align: center;"><input type="checkbox"/> \$10,000 to \$100,000</td> <td style="text-align: center;"><input checked="" type="checkbox"/> \$100,000 to \$1 million</td> <td style="text-align: center;"><input type="checkbox"/> \$1 million to \$100 million</td> <td style="text-align: center;"><input type="checkbox"/> More than \$100 million</td> </tr> </table>						<input type="checkbox"/> \$0 to \$10,000	<input type="checkbox"/> \$10,000 to \$100,000	<input checked="" type="checkbox"/> \$100,000 to \$1 million	<input type="checkbox"/> \$1 million to \$100 million	<input type="checkbox"/> More than \$100 million																	
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<b>Estimated Liabilities</b> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;"><input type="checkbox"/> \$0 to \$50,000</td> <td style="text-align: center;"><input type="checkbox"/> \$50,000 to \$100,000</td> <td style="text-align: center;"><input checked="" type="checkbox"/> \$100,000 to \$1 million</td> <td style="text-align: center;"><input type="checkbox"/> \$1 million to \$100 million</td> <td style="text-align: center;"><input type="checkbox"/> More than \$100 million</td> </tr> </table>						<input type="checkbox"/> \$0 to \$50,000	<input type="checkbox"/> \$50,000 to \$100,000	<input checked="" type="checkbox"/> \$100,000 to \$1 million	<input type="checkbox"/> \$1 million to \$100 million	<input type="checkbox"/> More than \$100 million																	
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<b>Voluntary Petition</b> <i>(This page must be completed and filed in every case)</i>		Name of Debtor(s): <b>Ronnie Wayne Hamby, Karin Denise Hamby</b>	
<b>All Prior Bankruptcy Cases Filed Within Last 8 Years</b> (If more than two, attach additional sheet.)			
Location Where Filed: <b>WDNC</b>		Case Number: <b>99-50352</b>	Date Filed: <b>03/01/1999</b>
Location Where Filed:		Case Number:	Date Filed:
<b>Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor</b> (If more than one, attach additional sheet)			
Name of Debtor: <b>NONE</b>		Case Number:	Date Filed:
District:		Relationship:	Judge:
<b>Exhibit A</b> (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)  <input type="checkbox"/> Exhibit A is attached and made a part of this petition.		<b>Exhibit B</b> (To be completed if debtor is an individual whose debts are primarily consumer debts) I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I have delivered to the debtor the notice required by 11 U.S.C. § 342(b).  <div style="display: flex; justify-content: space-between;"><div><input checked="" type="checkbox"/> Signature of Attorney for Debtor(s) <b>Robert H. Gourley Jr.</b></div><div><b>01/03/07</b> Date <b>19034</b></div></div>	
<b>Exhibit C</b>			
Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety? <input type="checkbox"/> Yes, and Exhibit C is attached and made a part of this petition. <input checked="" type="checkbox"/> No			
<b>Exhibit D</b>			
(To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)  <input checked="" type="checkbox"/> Exhibit D completed and signed by the debtor is attached and made a part of this petition.  If this is a joint petition:  <input checked="" type="checkbox"/> Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.			
<b>Information Regarding the Debtor - Venue</b> (Check any applicable box)			
<input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.			
<input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.			
<input type="checkbox"/> Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.			
<b>Statement by a Debtor Who Resides as a Tenant of Residential Property</b> (Check all applicable boxes.)			
<input type="checkbox"/> Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following). <div style="text-align: right; margin-top: 10px;">_____ (Name of landlord that obtained judgment)</div> <div style="text-align: right; margin-top: 10px;">_____ (Address of landlord)</div>			
<input type="checkbox"/> Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and			
<input type="checkbox"/> Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.			

**Voluntary Petition**

(This page must be completed and filed in every case)

Name of Debtor(s):

**Ronnie Wayne Hamby, Karin Denise Hamby**

**Signatures**

**Signature(s) of Debtor(s) (Individual/Joint)**

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.

[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

**X s/ Ronnie Wayne Hamby**

Signature of Debtor **Ronnie Wayne Hamby**

**X s/ Karin Denise Hamby**

Signature of Joint Debtor **Karin Denise Hamby**

Telephone Number (If not represented by attorney)

**01/03/07**

Date

**Signature of a Foreign Representative**

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only **one** box.)

☐ I request relief in accordance with chapter 15 of Title 11, United States Code. Certified Copies of the documents required by § 1515 of title 11 are attached.

☐ Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the Chapter of title 11 specified in the petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

**X Not Applicable**

(Signature of Foreign Representative)

(Printed Name of Foreign Representative)

Date

**Signature of Attorney**

**X**

Signature of Attorney for Debtor(s)

**Robert H. Gourley Jr., 19034**

Printed Name of Attorney for Debtor(s) / Bar No.

**Gourley and Griffin**

Firm Name

**249 E. Broad Statesville, NC**

Address

**(704)872-5051**

Telephone Number

**(704)872-5449**

**01/03/07**

Date

**bgourleyjr@ggglaw.com**

**Signature of Non-Attorney Petition Preparer**

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19B is attached.

**Not Applicable**

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social Security number(If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.)(Required by 11 U.S.C. 110.)

Address

**X Not Applicable**

Date

Signature of Bankruptcy Petition Preparer or officer, principal, responsible person, or partner whose social security number is provided above.

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

*A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. §110; 18 U.S.C. §156.*

**Signature of Debtor (Corporation/Partnership)**

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests the relief in accordance with the chapter of title 11, United States Code, specified in this petition.

**X Not Applicable**

Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

Date

FORM B6A  
(10/05)

In re: Ronnie Wayne Hamby Karin Denise Hamby  
Debtors

Case No. \_\_\_\_\_  
(If known)

## SCHEDULE A - REAL PROPERTY

DESCRIPTION AND LOCATION OF PROPERTY	NATURE OF DEBTOR'S INTEREST IN PROPERTY	HUSBAND, WIFE, JOINT OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION	AMOUNT OF SECURED CLAIM
Residence, 1479 Heritage Farm Rd, Hickory, 2100 sq ft, 1.05 acre, value listed is debtor estimate	Tenants by entirety	J	\$ 200,000.00	\$ 188,134.30
Total ➤			\$ 200,000.00	

(Report also on Summary of Schedules.)

FormB6B  
(10/05)In re Ronnie Wayne Hamby Karin Denise Hamby,  
DebtorsCase No. \_\_\_\_\_  
(If known)**SCHEDULE B - PERSONAL PROPERTY**

TYPE OF PROPERTY	NONE	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
1. Cash on hand		<b>cash</b>	<b>J</b>	<b>50.00</b>
2. Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		<b>BB&amp;T checking</b>	<b>W</b>	<b>15.00</b>
Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		<b>Corning Credit Union checking</b>	<b>J</b>	<b>0.00</b>
Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		<b>Corning Credit Union savings</b>	<b>J</b>	<b>25.00</b>
Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		<b>Wachovia checking</b>	<b>H</b>	<b>2,325.30</b>
3. Security deposits with public utilities, telephone companies, landlords, and others.	<b>X</b>			
4. Household goods and furnishings, including audio, video, and computer equipment.		<b>lr furn (600), br furn (1000), stove (150), refrig (400), washer (45), dryer (45), freezer (50), micro (20), tvs (300), computer (100), cell phone (50), tools (50), dishes/pots/pans (100), sat dish (25), stereo (50), dvd player (25)</b>	<b>J</b>	<b>3,010.00</b>
5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.		<b>cds/dvds</b>	<b>J</b>	<b>50.00</b>
6. Wearing apparel.		<b>clothing</b>	<b>J</b>	<b>250.00</b>
7. Furs and jewelry.		<b>wedding rings and bands</b>	<b>J</b>	<b>500.00</b>

Form B6B-Cont.  
(10/05)

In re **Ronnie Wayne Hamby Karin Denise Hamby**  
Debtors

Case No. \_\_\_\_\_  
(If known)

## SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

TYPE OF PROPERTY	NONE	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
8. Firearms and sports, photographic, and other hobby equipment.		<b>270 Rouger (150), above ground pool (300), camera (60)</b>	<b>J</b>	<b>510.00</b>
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.		<b>Allstate \$50,000 term policy, no cash value, Masha and Karin Hamby are beneficiaries</b>	<b>H</b>	<b>1.00</b>
Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.		<b>Universal Underwriters \$1,000,000 term policy, no cash value, Masha and Karin Hamby are beneficiaries</b>	<b>H</b>	<b>1.00</b>
10. Annuities. Itemize and name each issuer.	<b>X</b>			
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c); Rule 1007(b)).	<b>X</b>			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give Particulars.	<b>X</b>			
13. Stock and interests in incorporated and unincorporated businesses. Itemize.		<b>Auto Tech, Inc</b>  <b>Assets:</b> <b>Inspection machine (3000), 4 post lifts (4800), hand tools (3000), parts washer (500), tire changer and balancer (2000), 2 computers (600), 2 printers (200), fax machine (50)</b>  <b>Liabilities:</b> <b>0.00</b>	<b>H</b>	<b>14,150.00</b>
14. Interests in partnerships or joint ventures. Itemize.	<b>X</b>			
15. Government and corporate bonds and other negotiable and nonnegotiable instruments.	<b>X</b>			
16. Accounts receivable.	<b>X</b>			

Form B6B-Cont.  
(10/05)

In re **Ronnie Wayne Hamby Karin Denise Hamby**,  
Debtors

Case No. \_\_\_\_\_  
(If known)

## SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

TYPE OF PROPERTY	NONE	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	<b>X</b>			
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.	<b>X</b>			
19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	<b>X</b>			
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	<b>X</b>			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	<b>X</b>			
22. Patents, copyrights, and other intellectual property. Give particulars.	<b>X</b>			
23. Licenses, franchises, and other general intangibles. Give particulars.	<b>X</b>			
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	<b>X</b>			
25. Automobiles, trucks, trailers, and other vehicles and accessories.		<b>1997 F F450 wrecker, 145,000 miles, value listed is appraisal</b>	<b>H</b>	<b>10,500.00</b>
Automobiles, trucks, trailers, and other vehicles and accessories.		<b>2003 Pace Trailer, value listed is appraisal</b>	<b>J</b>	<b>12,900.00</b>
Automobiles, trucks, trailers, and other vehicles and accessories.		<b>2003 Texas Chopper, value listed is appraisal</b>	<b>J</b>	<b>11,800.00</b>
Automobiles, trucks, trailers, and other vehicles and accessories.		<b>2004 Ford F350 Diesel, 6.0 Crew Cab XL, 4dr, 2x2, 20465 miles, value listed is nada</b>	<b>J</b>	<b>36,200.00</b>

Form B6B-Cont.  
(10/05)

In re **Ronnie Wayne Hamby Karin Denise Hamby**,  
Debtors

Case No. \_\_\_\_\_  
(If known)

## SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

TYPE OF PROPERTY	NONE	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
25. Automobiles, trucks, trailers, and other vehicles and accessories.		<b>2005 Corvette Coupe, V8, 2dr, 22,000 miles, value listed is estimate</b>	<b>J</b>	<b>36,000.00</b>
Automobiles, trucks, trailers, and other vehicles and accessories.		<b>2005 Kubota Tractor, value listed is appraisal</b>	<b>J</b>	<b>8,500.00</b>
26. Boats, motors, and accessories.	<b>X</b>			
27. Aircraft and accessories.	<b>X</b>			
28. Office equipment, furnishings, and supplies.	<b>X</b>			
29. Machinery, fixtures, equipment and supplies used in business.	<b>X</b>			
30. Inventory.	<b>X</b>			
31. Animals.		<b>Shih Tzus</b>	<b>J</b>	<b>200.00</b>
32. Crops - growing or harvested. Give particulars.	<b>X</b>			
33. Farming equipment and implements.	<b>X</b>			
34. Farm supplies, chemicals, and feed.	<b>X</b>			
35. Other personal property of any kind not already listed. Itemize.	<b>X</b>			
<u>3</u> continuation sheets attached			Total >	<b>\$ 136,987.30</b>

(Include amounts from any continuation sheets attached. Report total also on Summary of Schedules.)

Form B6C  
(10/05)

In re Ronnie Wayne Hamby Karin Denise Hamby  
Debtors

Case No. \_\_\_\_\_  
(If known)

## SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor claims the exemptions to which debtor is entitled under:  
(Check one box)

☐ Check if debtor claims a homestead exemption that exceeds \$125,000.

☐ 11 U.S.C. § 522(b)(2)

☒ 11 U.S.C. § 522(b)(3)

DESCRIPTION OF PROPERTY	SPECIFY LAW PROVIDING EACH EXEMPTION	VALUE OF CLAIMED EXEMPTION	CURRENT VALUE OF PROPERTY WITHOUT DEDUCTING EXEMPTION
2004 Ford F350 Diesel, 6.0 Crew Cab XL, 4dr, 2x2, 20465 miles, value listed is nada	G.S. § 1C-1601(a)(3)	1,876.38	36,200.00
270 Rouger (150), above ground pool (300), camera (60)	G.S. § 1C-1601(a)(4)	510.00	510.00
Allstate \$50,000 term policy, no cash value, Masha and Karin Hamby are beneficiaries	G.S. § 1C-1601(a)(6)	1.00	1.00
Auto Tech, Inc  Assets: Inspection machine (3000), 4 post lifts (4800), hand tools (3000), parts washer (500), tire changer and balancer (2000), 2 computers (600), 2 printers (200), fax machine (50)  Liabilities: 0.00	G.S. § 1C-1601(a)(2)	5,000.00	14,150.00
BB&T checking	G.S. § 1-362	15.00	15.00
cash	G.S. § 1-362	50.00	50.00
cds/dvds	G.S. § 1C-1601(a)(4)	50.00	50.00
clothing	G.S. § 1C-1601(a)(4)	250.00	250.00
Corning Credit Union savings	G.S. § 1-362	25.00	25.00
Ir furn (600), br furn (1000), stove (150), refrig (400), washer (45), dryer (45), freezer (50), micro (20), tvs (300), computer (100), cell phone (50), tools (50), dishes/pots/pans (100), sat dish (25), stereo (50), dvd player (25)	G.S. § 1C-1601(a)(4)	2,134.30	3,010.00
Residence, 1479 Heritage Farm Rd, Hickory, 2100 sq ft, 1.05 acre, value listed is debtor estimate	G.S. § 1C-1601(a)(1); Art. X, § 2 of Const.	11,865.70	200,000.00

Form B6C-Cont.  
(10/05)

In re Ronnie Wayne Hamby Karin Denise Hamby  
Debtors

Case No. \_\_\_\_\_  
(If known)

## SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

DESCRIPTION OF PROPERTY	SPECIFY LAW PROVIDING EACH EXEMPTION	VALUE OF CLAIMED EXEMPTION	CURRENT VALUE OF PROPERTY WITHOUT DEDUCTING EXEMPTION
Shih Tzus	G.S. § 1C-1601(a)(2)	200.00	200.00
Universal Underwriters \$1,000,000 term policy, no cash value, Masha and Karin Hamby are beneficiaries	G.S. § 1C-1601(a)(6)	1.00	1.00
Wachovia checking	G.S. § 1-362	2,325.30	2,325.30
wedding rings and bands	G.S. § 1C-1601(a)(4)	500.00	500.00

Official Form 6D (10/06)

In re Ronnie Wayne Hamby Karin Denise Hamby  
Debtors

Case No. \_\_\_\_\_  
(If known)

## SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND AN ACCOUNT NUMBER (See Instructions, Above.)	CODEBTR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCOUNT NO. 431589712 AmeriCredit P.O. Box 78143 Phoenix, AZ 85062	J	Security Agreement 2005 Corvette Coupe, V8, 2dr, 22,000 miles, value listed is nada, surrender VALUE \$36,000.00				35,720.37	0.00
ACCOUNT NO. 372 Auto Equipment PO Box 392 Statesville, NC 28687	H	Security Agreement 1997 F F450 wrecker, 145,000 miles, value listed is appraisal, Universal Underwriters, Agent Steve melton, policy 011107500, pay in full VALUE \$10,500.00				15,500.00	5,000.00
ACCOUNT NO. 735115 Corning Credit Union PO Box 489 Hickory, NC 28603	J	Security Agreement 2004 Ford F350 Diesel, 6.0 Crew Cab XL, 4dr, 2x2, 20465 miles, value listed is nada, surrender VALUE \$36,200.00				32,447.25	0.00
ACCOUNT NO. 1400020147780454 GE Money Bank PO Box 981127 El Paso, TX 79998	J	2003 Pace Trailer, value listed is appraisal, Universal Underwriters, Agent Steve Melton, policy 011107500, pay in full VALUE \$12,900.00				17,772.38	4,872.38
ACCOUNT NO. 1407771415660342 GE Money Bank PO Box 981127 El Paso, TX 79998	J	Security Agreement 2003 Texas Chopper, value listed is appraisal, bifurcate VALUE \$11,800.00				20,932.60	9,132.60

1 continuation sheets attached

Subtotal >  
(Total of this page)

Total >  
(Use only on last page)

\$ 122,372.60	\$ 19,004.98
\$	\$

(Report also on Summary of Schedules) (If applicable, report also on Statistical Summary of Certain Liabilities and Related Data.)

Official Form 6D (10/06) - Cont.

In re Ronnie Wayne Hamby Karin Denise Hamby  
Debtors

Case No. \_\_\_\_\_  
(If known)

## SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

(Continuation Sheet)

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND AN ACCOUNT NUMBER (See Instructions, Above.)	CODEBATOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCOUNT NO. 0013259197 HSBC Mortgage P.O. Box 5207 Carol Stream, IL 60197		J	arrearage Residence, 1479 Heritage Farm Rd, Hickory, 2100 sq ft, 1.05 acre, value listed is debtor estimate, arrearage  VALUE \$200,000.00				6,348.00	0.00
ACCOUNT NO. 0013259197 HSBC Mortgage P.O. Box 5207 Carol Stream, IL 60197		J	First Lien on Residence Residence, 1479 Heritage Farm Rd, Hickory, 2100 sq ft, 1.05 acre, value listed is debtor estimate, remain current  VALUE \$200,000.00				188,134.30	0.00
ACCOUNT NO. 13528336000924 Kubota Credit Corp. 1025 Northbrook Pky Suwanee, GA 30024		W	Security Agreement 2005 Kubota Tractor, value listed is appraisal, Universal Underwriters Agent Steve Melton, policy 011107500, pay in full  VALUE \$8,500.00				17,500.00	9,000.00

Sheet no. 1 of 1 continuation  
sheets attached to Schedule of  
Creditors Holding Secured  
Claims

Subtotal >  
(Total of this page)

Total >  
(Use only on last page)

\$	211,982.30	\$	9,000.00
\$	334,354.90	\$	28,004.98

(Report also on Summary of  
Schedules)

(If applicable, report  
also on Statistical  
Summary of Certain  
Liabilities and  
Related Data.)

Official Form 6E (10/06)

In re Ronnie Wayne Hamby Karin Denise Hamby  
Debtors

Case No. \_\_\_\_\_  
(If known)

## SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

☐ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

**TYPES OF PRIORITY CLAIMS** (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)

☐ **Domestic Support Obligations**

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

☐ **Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

☐ **Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$10,000\* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

☐ **Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

☐ **Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$4,925\* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

☐ **Deposits by individuals**

Claims of individuals up to \$2,225\* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

☒ **Taxes and Certain Other Debts Owed to Governmental Units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

☐ **Commitments to Maintain the Capital of an Insured Depository Institution**

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

☒ **Claims for Death or Personal Injury While Debtor Was Intoxicated**

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

\* Amounts are subject to adjustment on April 1, 2007, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

Official Form 6E (10/06) - Cont.

In re Ronnie Wayne Hamby Karin Denise Hamby  
Debtors

Case No. \_\_\_\_\_  
(If known)

## SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

(Continuation Sheet)

**Type of Priority: Taxes and Certain Other Debts Owed to Governmental Units**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM	AMOUNT ENTITLED TO PRIORITY	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
ACCOUNT NO.  Internal Revenue Service P.O. Box 21126 Philadelphia, PA 19114		H	2005				2,056.00	2,056.00	0.00

Sheet no. 1 of 2 continuation sheets attached to Schedule of  
Creditors Holding Priority Claims

Subtotals >  
(Totals of this page)

Total >

(Use only on last page of the completed  
Schedule E. Report also on the Summary of  
Schedules.)

Total >

(Use only on last page of the completed  
Schedule E. If applicable, report also on the  
Statistical Summary of Certain Liabilities  
and Related Data. )

\$ 2,056.00	\$ 2,056.00	\$ 0.00
\$		
	\$	\$

Official Form 6E (10/06) - Cont.

In re Ronnie Wayne Hamby Karin Denise Hamby  
Debtors

Case No. \_\_\_\_\_  
(If known)

## SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

Type of Priority: Claims for Death or Personal Injury While Debtor Intoxicated

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM	AMOUNT ENTITLED TO PRIORITY	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
ACCOUNT NO.  Cindy Fish Hamby 75 Riverbend Rd Hiddenite, NC 28638			828-635-1222 Paid direct, no arrearage				0.00	0.00	0.00

Sheet no. 2 of 2 continuation sheets attached to Schedule of Creditors Holding Priority Claims

Subtotals >  
(Totals of this page)

Total >

(Use only on last page of the completed Schedule E. Report also on the Summary of Schedules.)

Total >

(Use only on last page of the completed Schedule E. If applicable, report also on the Statistical Summary of Certain Liabilities and Related Data.)

\$ 0.00	\$ 0.00	\$ 0.00
\$ 2,056.00		
	\$ 2,056.00	\$ 0.00

Official Form 6F (10/06)

In re Ronnie Wayne Hamby Karin Denise Hamby  
Debtors

Case No. \_\_\_\_\_  
(If known)

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

☐ Check this box if debtor has no creditors holding unsecured nonpriority claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>0304830</b> <b>Alexander County Tax Col</b> <b>Courthouse Annex</b> <b>101 1st Street SW</b> <b>Taylorsville, NC 28681</b>	<b>H</b>					<b>681.11</b>
ACCOUNT NO. <b>0706973</b> <b>American General</b> <b>118 Liledoun Road SW</b> <b>Taylorsville, NC 28681</b>				<b>X</b>		<b>0.00</b>
ACCOUNT NO. <b>601719006088684</b> <b>Beneficial</b> <b>PO Box 4153</b> <b>Carol Stream, IL 60197</b>	<b>W</b>					<b>6,019.40</b>
ACCOUNT NO. <b>601719006087439</b> <b>Beneficial</b> <b>PO Box 4153</b> <b>Carol Stream, IL 60197</b>	<b>H</b>					<b>5,526.92</b>
ACCOUNT NO. <b>BMW Financial</b> <b>2500 Corporate Exch Dr</b> <b>Ste 150</b> <b>Columbus, OH 43231</b>		<b>deficiency claim</b>				<b>8,230.73</b>

5 Continuation sheets attached

Subtotal	>	\$ <b>20,458.16</b>
Total	>	\$

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable on the Statistical  
Summary of Certain Liabilities and Related Data.)

Official Form 6F (10/06) - Cont.

In re Ronnie Wayne Hamby Karin Denise Hamby  
Debtors

Case No. \_\_\_\_\_  
(If known)

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>4366163036962922</b>  <b>Cardmember Serv</b> <b>P.O. Box 15153</b> <b>Wilmington, DE 19896</b>  <b>Chase</b> <b>P.O. Box 830016</b> <b>Baltimore, MD 21283</b>	<b>W</b>					<b>1,856.44</b>
ACCOUNT NO. <b>3734650</b>  <b>Carolina Athletic Products</b> <b>PO Box 729</b> <b>Conover, NC 28613</b>	<b>J</b>					<b>107.09</b>
ACCOUNT NO.  <b>Cindy Fish Hamby</b> <b>75 Riverbend Rd</b> <b>Hiddenite, NC 28638</b>		<b>Equitable distribution, contribution, indemnification and all other claims</b>	<b>X</b>	<b>X</b>	<b>X</b>	<b>0.00</b>
ACCOUNT NO. <b>8712407</b>  <b>Citibank</b> <b>P.O. Box 8116</b> <b>S. Hackensack, NJ 07606</b>					<b>X</b>	<b>0.00</b>
ACCOUNT NO. <b>6002098</b>  <b>First Card</b> <b>2500 Westfield Dr</b> <b>Mail Ste 6237</b> <b>Elgin, IL 60123</b>					<b>X</b>	<b>0.00</b>

Sheet no. 1 of 5 continuation sheets attached  
to Schedule of Creditors Holding Unsecured  
Nonpriority Claims

Subtotal	>	\$ <b>1,963.53</b>
Total	>	\$

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable on the Statistical  
Summary of Certain Liabilities and Related Data.)

Official Form 6F (10/06) - Cont.

In re Ronnie Wayne Hamby Karin Denise Hamby  
Debtors

Case No. \_\_\_\_\_  
(If known)

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBATOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>00562180564</b>  <b>Frye Regional Medical Ce</b> <b>P.O. Box 740783</b> <b>Atlanta, GA 30374</b>	<b>H</b>					<b>351.91</b>
ACCOUNT NO. <b>00566756239</b>  <b>Frye Regional Medical Ce</b> <b>P.O. Box 740783</b> <b>Atlanta, GA 30374</b>	<b>H</b>					<b>1,103.08</b>
ACCOUNT NO. <b>01129268</b>  <b>Hickory Orthopedic</b> <b>214 18th St SE</b> <b>Hickory, NC 28603</b>	<b>H</b>					<b>583.13</b>
ACCOUNT NO. <b>01153160</b>  <b>Hickory Orthopedic</b> <b>214 18th St SE</b> <b>Hickory, NC 28603</b>	<b>H</b>					<b>25.40</b>
ACCOUNT NO. <b>6035322019868029</b>  <b>Home Depot</b> <b>P.O. Box 105980</b> <b>Dept. 51</b> <b>Atlanta, GA 30353</b>	<b>H</b>					<b>6,830.23</b>

Sheet no. 2 of 5 continuation sheets attached  
to Schedule of Creditors Holding Unsecured  
Nonpriority Claims

Subtotal	>	\$ <b>8,893.75</b>
Total	>	\$

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable on the Statistical  
Summary of Certain Liabilities and Related Data.)

Official Form 6F (10/06) - Cont.

In re Ronnie Wayne Hamby Karin Denise Hamby  
Debtors

Case No. \_\_\_\_\_  
(If known)

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBATOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>55977297</b>  <b>Iredell Memorial Hospita</b> <b>P.O. Box 1828</b> <b>Statesville, NC 28687</b>	<b>H</b>					<b>61.47</b>
ACCOUNT NO. <b>70688</b>  <b>Iredell Radiology</b> <b>P.O. Box 671</b> <b>Statesville, NC 28687</b>						<b>6.56</b>
ACCOUNT NO. <b>2034053</b>  <b>Lowe's</b> <b>P.O. Box 105982</b> <b>Dept. 79</b> <b>Atlanta, GA 30353</b>					<b>X</b>	<b>0.00</b>
ACCOUNT NO. <b>0795670</b>  <b>Northern Leasing</b> <b>PO Box 7861</b> <b>New York, NY 10116</b>	<b>W</b>					<b>2,037.01</b>
ACCOUNT NO. <b>327494</b>  <b>Piedmont Health Care</b> <b>P.O. Box 1845</b> <b>Statesville, NC 28687</b>	<b>H</b>					<b>14.29</b>

Sheet no. 3 of 5 continuation sheets attached  
to Schedule of Creditors Holding Unsecured  
Nonpriority Claims

Subtotal	>	\$	<b>2,119.33</b>
Total	>	\$	

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable on the Statistical  
Summary of Certain Liabilities and Related Data.)

Official Form 6F (10/06) - Cont.

In re Ronnie Wayne Hamby Karin Denise Hamby  
Debtors

Case No. \_\_\_\_\_  
(If known)

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBATOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>300308153</b>  <b>RH Donnelley</b> <b>8400 Innovation Way</b> <b>Chicago, IL 60682</b>	<b>H</b>					<b>2,467.61</b>
ACCOUNT NO. <b>300296529</b>  <b>RH Donnelly</b> <b>8400 Innovation Way</b> <b>Chicago, IL 60682</b>						<b>760.44</b>
ACCOUNT NO. <b>106121965</b>  <b>Snap On Credit</b> <b>950 Technology Way</b> <b>Ste 301</b> <b>Libertyville, IL 60048</b>	<b>H</b>	deficiency claim				<b>4,060.54</b>
ACCOUNT NO. <b>322372410</b>  <b>Sprint</b> <b>PO Box 541023</b> <b>Los Angeles, CA 90054</b>	<b>W</b>					<b>642.34</b>
ACCOUNT NO. <b>222604100307033</b>  <b>Suzuki Retail Svc</b> <b>Dept 7680</b> <b>Carol Stream, IL 60116</b>	<b>J</b>					<b>5,387.30</b>

Sheet no. 4 of 5 continuation sheets attached  
to Schedule of Creditors Holding Unsecured  
Nonpriority Claims

Subtotal	>	\$	<b>13,318.23</b>
Total	>	\$	

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable on the Statistical  
Summary of Certain Liabilities and Related Data.)

Official Form 6F (10/06) - Cont.

In re **Ronnie Wayne Hamby Karin Denise Hamby**  
Debtors

Case No. \_\_\_\_\_  
(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>4352375052063908</b>  <b>Target-Retailers Natl Ba</b> <b>P.O. Box 78D</b> <b>Minneapolis, MN 55478</b>	<b>W</b>					<b>753.29</b>
ACCOUNT NO. <b>A44016</b>  <b>Unifour Anesthesia</b> <b>415 N Center Street</b> <b>Hickory, NC 28601</b>	<b>H</b>					<b>54.71</b>
ACCOUNT NO. <b>4559541900706714</b>  <b>Washington Mutual</b> <b>PO Box 830021</b> <b>Baltimore, MD 21283</b>  <b>Providian</b> <b>P.O. Box 660548</b> <b>Dallas, TX 75266</b>	<b>H</b>					<b>1,399.60</b>
ACCOUNT NO. <b>AUT803</b>  <b>Western Piedmont/IWanna</b> <b>PO Box 3383</b> <b>Hickory, NC 28603</b>						<b>546.50</b>

Sheet no. 5 of 5 continuation sheets attached  
to Schedule of Creditors Holding Unsecured  
Nonpriority Claims

Subtotal	>	\$	<b>2,754.10</b>
Total	>	\$	<b>49,507.10</b>

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable on the Statistical  
Summary of Certain Liabilities and Related Data.)

UNITED STATES BANKRUPTCY COURT  
Western District of North Carolina

In re: **Ronnie Wayne Hamby Karin Denise Hamby**  
Debtor(s)

Case No. \_\_\_\_\_

(if known)

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH  
CREDIT COUNSELING REQUIREMENT**

**Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.**

*Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.*

☒ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

☐ 2. Within the **180 days before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 15 days after your bankruptcy case is filed.*

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the five days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Must be accompanied by a motion for determination by the court.] [Summarize exigent circumstances here.]* \_\_\_\_\_

**If the court is satisfied with the reasons stated in your motion, it will send you an order approving your request. You must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy case and promptly file a certificate from the agency that provided the briefing, together with a copy of any debt management plan developed through the agency. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. A motion for extension must be filed within the 30-day period. Failure to fulfill these requirements may result in dismissal of your case. If the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing, your case may be dismissed.**

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

**Official Form 1, Exh. D (10/06) – Cont.**

☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. ' 109(h) does not apply in this district.

**I certify under penalty of perjury that the information provided above is true and correct.**

Signature of Debtor: **s/ Ronnie Wayne Hamby**

**Ronnie Wayne Hamby**

Date: **01/03/07**

Form B6G  
(10/05)

In re: Ronnie Wayne Hamby Karin Denise Hamby  
Debtors

Case No. \_\_\_\_\_  
(If known)

## SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

☒ Check this box if debtor has no executory contracts or unexpired leases.

NAME AND MAILING ADDRESS, INCLUDING ZIP CODE, OF OTHER PARTIES TO LEASE OR CONTRACT.	DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST, STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT.

Form B6H  
(10/05)

In re: **Ronnie Wayne Hamby Karin Denise Hamby**  
Debtors

Case No. \_\_\_\_\_  
(If known)

## SCHEDULE H - CODEBTORS

☒ Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
------------------------------	------------------------------

UNITED STATES BANKRUPTCY COURT  
Western District of North Carolina

In re: **Ronnie Wayne Hamby Karin Denise Hamby**  
Debtor(s)

Case No. \_\_\_\_\_

(if known)

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH CREDIT COUNSELING REQUIREMENT**

**Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.**

*Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.*

☒ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

☐ 2. Within the **180 days before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 15 days after your bankruptcy case is filed.*

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the five days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Must be accompanied by a motion for determination by the court.] [Summarize exigent circumstances here.]* \_\_\_\_\_

**If the court is satisfied with the reasons stated in your motion, it will send you an order approving your request. You must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy case and promptly file a certificate from the agency that provided the briefing, together with a copy of any debt management plan developed through the agency. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. A motion for extension must be filed within the 30-day period. Failure to fulfill these requirements may result in dismissal of your case. If the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing, your case may be dismissed.**

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

**Official Form 1, Exh. D (10/06) – Cont.**

☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. ' 109(h) does not apply in this district.

**I certify under penalty of perjury that the information provided above is true and correct.**

Signature of Debtor: **s/ Karin Denise Hamby**

**Karin Denise Hamby**

Date: **01/03/07**

In re **Ronnie Wayne Hamby Karin Denise Hamby**

Case No. \_\_\_\_\_

Debtors

(If known)

## SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by a married debtor in a chapter 7, 11, 12 or 13 case whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child.

Debtor's Marital Status: <b>Married</b>	DEPENDENTS OF DEBTOR AND SPOUSE	
	RELATIONSHIP(S): <b>daughter</b>	AGE(S): <b>10</b>
<b>Employment:</b>	DEBTOR	SPOUSE
Occupation	<b>self employed</b>	<b>self employed</b>
Name of Employer		
How long employed		
Address of Employer		

INCOME: (Estimate of average or projected monthly income at time case filed)

DEBTOR

SPOUSE

1. Monthly gross wages, salary, and commissions  
(Prorate if not paid monthly.)

\$ 0.00 \$ 0.00

2. Estimate monthly overtime

\$ 0.00 \$ 0.00

3. SUBTOTAL

\$ 0.00 \$ 0.00

4. LESS PAYROLL DEDUCTIONS

a. Payroll taxes and social security

\$ 0.00 \$ 0.00

b. Insurance

\$ 0.00 \$ 0.00

c. Union dues

\$ 0.00 \$ 0.00

d. Other (Specify) \_\_\_\_\_

\$ 0.00 \$ 0.00

5. SUBTOTAL OF PAYROLL DEDUCTIONS

\$ 0.00 \$ 0.00

6. TOTAL NET MONTHLY TAKE HOME PAY

\$ 0.00 \$ 0.00

7. Regular income from operation of business or profession or farm  
(Attach detailed statement)

\$ 6,499.50 \$ 0.00

8. Income from real property

\$ 0.00 \$ 0.00

9. Interest and dividends

\$ 0.00 \$ 0.00

10. Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above.

\$ 0.00 \$ 0.00

11. Social security or other government assistance  
(Specify) \_\_\_\_\_

\$ 0.00 \$ 0.00

12. Pension or retirement income

\$ 0.00 \$ 0.00

13. Other monthly income

(Specify) \_\_\_\_\_

\$ 0.00 \$ 0.00

14. SUBTOTAL OF LINES 7 THROUGH 13

\$ 6,499.50 \$ 0.00

15. AVERAGE MONTHLY INCOME (Add amounts shown on lines 6 and 14)

\$ 6,499.50 \$ 0.00

16. COMBINED AVERAGE MONTHLY INCOME: (Combine column totals from line 15; if there is only one debtor repeat total reported on line 15)

**\$ 6,499.50**

(Report also on Summary of Schedules and, if applicable, on Statistical Summary of Certain Liabilities and Related Data)

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document.:

**NONE**

Official Form 6J (10/06)

In re **Ronnie Wayne Hamby Karin Denise Hamby**  
Debtors

Case No. \_\_\_\_\_  
(If known)

## SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)

Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor's family. Pro rate any payments made bi-weekly, quarterly, semi-annually, or annually to show monthly rate.

☐ Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse."

1. Rent or home mortgage payment (include lot rented for mobile home)	\$	<u>1,587.00</u>
a. Are real estate taxes included?      Yes _____ No <u>✓</u>		
b. Is property insurance included?      Yes _____ No <u>✓</u>		
2. Utilities: a. Electricity and heating fuel	\$	<u>142.00</u>
b. Water and sewer	\$	<u>47.00</u>
c. Telephone	\$	<u>96.00</u>
d. Other _____	\$	<u>0.00</u>
3. Home maintenance (repairs and upkeep)	\$	<u>0.00</u>
4. Food	\$	<u>400.00</u>
5. Clothing	\$	<u>0.00</u>
6. Laundry and dry cleaning	\$	<u>0.00</u>
7. Medical and dental expenses	\$	<u>250.00</u>
8. Transportation (not including car payments)	\$	<u>200.00</u>
9. Recreation, clubs and entertainment, newspapers, magazines, etc.	\$	<u>0.00</u>
10. Charitable contributions	\$	<u>0.00</u>
11. Insurance (not deducted from wages or included in home mortgage payments)		
a. Homeowner's or renter's	\$	<u>72.95</u>
b. Life	\$	<u>180.00</u>
c. Health	\$	<u>0.00</u>
d. Auto	\$	<u>150.00</u>
e. Other	\$	<u>0.00</u>
12. Taxes (not deducted from wages or included in home mortgage payments)		
(Specify) _____	\$	<u>56.75</u>
13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan)		
a. Auto	\$	<u>0.00</u>
b. Other _____	\$	<u>0.00</u>
14. Alimony, maintenance, and support paid to others	\$	<u>389.97</u>
15. Payments for support of additional dependents not living at your home	\$	<u>0.00</u>
16. Regular expenses from operation of business, profession, or farm (attach detailed statement)	\$	<u>0.00</u>
17. Other <b>IRS/NC</b>	\$	<u>974.93</u>
<b>Misc</b>	\$	<u>25.00</u>
18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)	\$	<u>4,571.60</u>

19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document:

### 20. STATEMENT OF MONTHLY NET INCOME

a. Average monthly income from Line 15 of Schedule I	\$	<u>6,499.50</u>
b. Average monthly expenses from Line 18 above	\$	<u>4,571.60</u>
c. Monthly net income (a. minus b.)	\$	<u>1,927.90</u>

Official Form 6 - Summary (10/06)

United States Bankruptcy Court  
Western District of North Carolina

In re **Ronnie Wayne Hamby Karin Denise Hamby**,  
Debtors

Case No. \_\_\_\_\_

Chapter **13**

## SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	YES	1	\$ 200,000.00		
B - Personal Property	YES	4	\$ 136,987.30		
C - Property Claimed as Exempt	YES	2			
D - Creditors Holding Secured Claims	YES	2		\$ 334,354.90	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	YES	3		\$ 2,056.00	
F - Creditors Holding Unsecured Nonpriority Claims	YES	6		\$ 49,507.10	
G - Executory Contracts and Unexpired Leases	YES	1			
H - Codebtors	YES	1			
I - Current Income of Individual Debtor(s)	YES	1			\$ 6,499.50
J - Current Expenditures of Individual Debtor(s)	YES	1			\$ 4,571.60
TOTAL		22	\$ 336,987.30	\$ 385,918.00	

United States Bankruptcy Court  
Western District of North Carolina

In re Ronnie Wayne Hamby Karin Denise Hamby  
Debtors

Case No. \_\_\_\_\_  
Chapter 13

**STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)**

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

**This information is for statistical purposes only under 28 U.S.C. § 159.**

**Summarize the following types of liabilities, as reported in the Schedules, and total them.**

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	\$ 0.00
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E) (whether disputed or undisputed)	\$ 2,056.00
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E)	\$ 0.00
Student Loan Obligations (from Schedule F)	\$ 0.00
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E.	\$ 0.00
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	\$ 0.00
<b>TOTAL</b>	<b>\$ 2,056.00</b>

**State the following:**

Average Income (from Schedule I, Line 16)	\$ 6,499.50
Average Expenses (from Schedule J, Line 18)	\$ 4,571.60
Current Monthly Income (from Form 22A Line 12; <b>OR</b> , Form 22B Line 11; <b>OR</b> , Form 22C Line 20 )	\$ 3,357.13

**State the following:**

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		\$28,004.98
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column.	\$ 2,056.00	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		\$0.00
4. Total from Schedule F		\$49,507.10
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		\$77,512.08

Official Form 6 - Declaration (10/06)

In re Ronnie Wayne Hamby Karin Denise Hamby  
Debtors

Case No. \_\_\_\_\_  
(If known)

**DECLARATION CONCERNING DEBTOR'S SCHEDULES**

**DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR**

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of **24** sheets (*total shown on summary page plus 2*), and that they are true and correct to the best of my knowledge, information, and belief.

Date: 01/03/07

Signature: s/ Ronnie Wayne Hamby  
Ronnie Wayne Hamby  
Debtor

Date: 01/03/07

Signature: s/ Karin Denise Hamby  
Karin Denise Hamby  
(Joint Debtor, if any)

[If joint case, both spouses must sign]

**DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP**

(NOT APPLICABLE)

Local Form 3

2005

Debtor(s) Ronnie Wayne Hamby, Karin Denise Hamby

**DISCLOSURE TO DEBTOR(S) OF ATTORNEYS FEE PROCEDURE  
FOR CHAPTER 13 CASES IN THE UNITED STATES BANKRUPTCY COURT  
FOR THE WESTERN DISTRICT OF NORTH CAROLINA**

After consultation with the undersigned attorney, you have decided to file a petition for relief under Chapter 13 of the United States Bankruptcy Code. Accordingly, you are hereby given notice that pursuant to the local rules of the Bankruptcy Court, the base fee for a Chapter 13 case is established at \$ **3,050.00**. Payment of all or part of this fee is included in your payments to the Trustee. The attorney's services included in the base fee are those normally contemplated in a Chapter 13 case. They are as follows:

- |  |   |
|--|---|
| (a) Preparation and filing of your petition, schedules, supplemental local forms, Chapter 13 Plan, and mailing matrix.         | (e) Review of order confirming plan and periodic reports.         |
| (b) Drafting and mailing notice to creditors advising of filing of case, including a copy of your Chapter 13 Plan.             | (f) Review of Trustee's motion for allowance of claims.           |
| (c) Drafting and mailing to you a letter regarding your attendance at the Section 341 meeting and your other responsibilities. | (g) Maintaining custody and control of case files.                |
| (d) Preparation for and attendance at Section 341 meeting.   | (h) Service of orders on all affected parties.                    |
|  | (i) Verification of your identity and social security number      |
|  | (l) Defending objections to confirmation of your Chapter 13 Plan. |

The base fee shall also include the following services to the extent they are requested or reasonably necessary for your effective representation:

- |   |  |
|---|--|
| (a) Preparation and filing of proofs of claim on your behalf for your creditors.  | (l) Responding to your contacts regarding changes in your financial and personal circumstances and advising the Court and the Trustee of the same. |
| (b) Drafting and filing objections to scheduled and unscheduled proofs of claim.  | (m) Communicating with you regarding payment defaults, insurance coverage, credit disability, and the like.  |
| (c) Assumptions and rejections of unexpired leases and executory contracts.   |  |
| (d) Preparation for and attendance at valuation hearings.   | (n) Obtaining and providing the Trustee with copies of documents relating to lien perfection issues.   |
| (e) Motions to transfer venue.  | (o) Notifying creditors of entry of discharge.   |
| (f) Requesting copies of proofs of claim from Trustee.  | (p) Notifying creditors by certified mail of alleged violations of the automatic stay.   |
| (g) Consultation with you regarding obtaining postpetition credit (no motion filed).                                    | (q) Drafting and mailing letters regarding voluntary turnover of property.   |
| (h) Motions to avoid liens.   | (r) Review of documents in relation to the use or sale of collateral (no motion filed).  |
| (i) Calculation of plan payment modifications (no motion filed).  | (s) Providing you with a list of answers to frequently asked questions and other routine communications with you.                                  |
| (j) Adding creditor addresses to mailing matrix as necessary.   |  |
| (k) Responding to written creditor contacts regarding plan terms, valuation of collateral, claim amounts, and the like. |  |

In some Chapter 13 cases, legal services which are beyond those normally contemplated must be performed. These legal services are not covered by the base fee. These "non-base" services include the following:

- |     |   |     |   |
|-----|---|-----|---|
| (a) | Abandonment of property post-confirmation.                          | (i) | Stay violation litigation, including amounts paid as fees by the creditor or other party. |
| (b) | Motion for moratorium.  | (j) | Post-discharge injunction actions.  |
| (c) | Motion for authority to sell property.                              | (k) | Adversary proceedings.  |
| (d) | Motion to modify plan.  | (l) | Wage garnishment orders.  |
| (e) | Motion to use cash collateral or to incur debt.                     | (m) | Turnover adversaries..  |
| (f) | Defense of motion for relief from stay or co- debtor stay.          | (n) | Conversion to Chapter 7.  |
| (g) | Defense of motion to dismiss filed after confirmation of your plan. | (o) | Motions to substitute collateral.   |
| (h) | Non-base fee requests.  | (p) | Any other matter not covered by the base fee.   |

For such "non-base" services you will be charged on the basis of attorney's time expended at the rate of \$ **250.00** per hour plus the amount of expenses incurred (such as court fees, travel, long distance telephone, photocopying, postage, etc.). Such "non-base" fees are chargeable only after the same are approved by the Bankruptcy Court. Except as set forth below, before any such fees are charged you will receive a copy of my motion filed in the Court requesting approval of any such "non-base" fees as well as a notice explaining you opportunity to object if you do not agree with the fee applied for. Any fees awarded for "non-base" services will be paid to the undersigned attorney from your payments to the Trustee in the same way as payment of "base" fees. **It is possible that "non-base" fees approved by the Court may cause your payment to the Trustee to be increased, or the term of your Chapter 13 plan extended.** Whether or not a payment increase or an extension will be necessary depends upon the facts of your case. If a payment increase is necessary because of a court- approved "non-base" fee, the Trustee will notify you of the amount of the increase.

In the Court's discretion, a debtor's attorney in a Chapter 13 proceeding may request, in open court, and without any other notice, "non-base" fees for the following services in amounts not exceeding those shown below. Without other notice, the debtor's attorney may also request up to \$1.00 for each item noticed to creditors as expense for postage, copying, and envelopes. These fees may be adjusted (increased) by the Court at a later date, and, if so, those adjusted fees will then be charged.

- |     |  |       |
|-----|--|-------|
| (a) | Defense of motion to dismiss.  | \$200 |
| (b) | Motion to modify and order, including motion for moratorium.                       | \$350 |
| (c) | Substitution of collateral.  | \$450 |
| (d) | Prosecution or defense of motion for relief from stay or co-debtor stay and order. | \$450 |
| (e) | Motion for authority to sell property and order.                                   | \$450 |

#### ACKNOWLEDGEMENT

I hereby certify that I have read this notice and that I have received a copy of this notice.

Dated: **01/03/07** \_\_\_\_\_

**s/ Ronnie Wayne Hamby** \_\_\_\_\_

**Ronnie Wayne Hamby**

Debtor's Signature

Dated: **01/03/07** \_\_\_\_\_

**s/ Karin Denise Hamby** \_\_\_\_\_

**Karin Denise Hamby**

Spouse's Signature

I hereby certify that I have reviewed this notice with the debtor(s) and that the debtor(s) have received a copy of this notice

Dated: **01/03/07** \_\_\_\_\_

**Robert H. Gourley Jr.** \_\_\_\_\_

Attorney

Form 7  
(10/05)

UNITED STATES BANKRUPTCY COURT  
Western District of North Carolina

In re: Ronnie Wayne Hamby Karin Denise Hamby,  
Debtors

Case No. \_\_\_\_\_  
(If known)

STATEMENT OF FINANCIAL AFFAIRS

1. Income from employment or operation of business

None ☐ State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE	FISCAL YEAR PERIOD
2,333.00	Auto Tech, Hambys Wrecker Svc	2004
13,208.00	Auto Tech	2005
41,321.00	Auto Tech	2006

2. Income other than from employment or operation of business

None ☒

State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE	FISCAL YEAR PERIOD
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Form 7-Cont.  
(10/05)

### 3. Payments to creditors

**Complete a. or b., as appropriate, and c.**

None  
☐

a. *Individual or joint debtor(s) with primarily consumer debts:* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case if the aggregate value of all property that constitutes or is affected by such transfer is not less than \$600. Indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and creditor counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS	AMOUNT PAID	AMOUNT STILL OWING
<b>AmeriCredit</b> <b>P.O. Box 78143</b> <b>Phoenix, AZ 85062</b>	<b>10/10/06</b>	<b>850.00</b>	<b>35,720.37</b>
<b>Auto Equipment</b> <b>PO Box 392</b> <b>Statesville, NC 28687</b>	<b>10/13/06</b>	<b>636.32</b>	<b>15,500.00</b>
<b>Corning Credit Union</b> <b>PO Box 489</b> <b>Hickory, NC 28603</b>	<b>9/29/06</b>	<b>636.32</b>	<b>32,447.25</b>
<b>HSBC Mortgage</b> <b>P.O. Box 5207</b> <b>Carol Stream, IL 60197</b>	<b>10/13/06-1587.53</b> <b>9/25/06-1587.53</b>	<b>3,175.06</b>	<b>188,134.30</b>

None  
☒

b. *Debtor whose debts are not primarily consumer debts:* List each payment or other transfer to any creditor made within 90 days immediately preceding the commencement of the case if the aggregate value of all property that constitutes or is affected by such transfer is not less than \$5,000. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS/ TRANSFERS	AMOUNT PAID OR VALUE OF TRANSFERS	AMOUNT STILL OWING

None  
☒

c. *All debtors:* List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR	DATES OF PAYMENTS	AMOUNT PAID	AMOUNT STILL OWING

Form 7-Cont.  
(10/05)

#### 4. Suits and administrative proceedings, executions, garnishments and attachments

None  
☒

a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT AND CASE NUMBER	NATURE OF PROCEEDING	COURT OR AGENCY AND LOCATION	STATUS OR DISPOSITION
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b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None  
☒

NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED	DATE OF SEIZURE	DESCRIPTION AND VALUE OF PROPERTY
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#### 5. Repossessions, foreclosures and returns

None  
☐

List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR OR SELLER	DATE OF REPOSSESSION, FORECLOSURE SALE TRANSFER OR RETURN	DESCRIPTION AND VALUE OF PROPERTY
<b>BMW Financial</b> <b>2500 Corporate Exch Dr</b> <b>Ste 150</b> <b>Columbus, OH 43231</b>		<b>1/26/06&lt; \$12000.00</b>
<b>Snap On Credit</b> <b>950 Technology Way</b> <b>Ste 301</b> <b>Libertyville, IL 60048</b>	<b>11/01/2006</b>	<b>8000.00</b>

#### 6. Assignments and receiverships

None  
☒

a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF ASSIGNEE	DATE OF ASSIGNMENT	TERMS OF ASSIGNMENT OR SETTLEMENT
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Form 7-Cont.  
(10/05)

b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None



NAME AND ADDRESS OF CUSTODIAN	NAME AND ADDRESS OF COURT CASE TITLE & NUMBER	DATE OF ORDER	DESCRIPTION AND VALUE OF PROPERTY
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## 7. Gifts

None



List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON OR ORGANIZATION	RELATIONSHIP TO DEBTOR, IF ANY	DATE OF GIFT	DESCRIPTION AND VALUE OF GIFT
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Goodwill		09/19/2006	\$245.00
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## 8. Losses

None



List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case**. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION AND VALUE OF PROPERTY	DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS	DATE OF LOSS
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## 9. Payments related to debt counseling or bankruptcy

None



List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of a petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE	DATE OF PAYMENT, NAME OF PAYOR IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
Gourley & Griffin	12/12/06 1/3/07	274.00- filing fee 350.00- attorney fee

Form 7-Cont.  
(10/05)

## 10. Other transfers

None



a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEREE, RELATIONSHIP TO DEBTOR	DATE	DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED
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None



b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

NAME OF TRUST OR OTHER DEVICE	DATE(S) OF TRANSFER(S)	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY OR DEBTOR'S INTEREST IN PROPERTY
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## 11. Closed financial accounts

None



List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION	TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE	AMOUNT AND DATE OF SALE OR CLOSING
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## 12. Safe deposit boxes

None



List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY	NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY	DESCRIPTION OF CONTENTS	DATE OF TRANSFER OR SURRENDER, IF ANY
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Form 7-Cont.  
(10/05)

### 13. Setoffs

None  
☒

List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATE OF SETOFF	AMOUNT OF SETOFF
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### 14. Property held for another person

None  
☒

List all property owned by another person that the debtor holds or controls.

NAME AND ADDRESS OF OWNER	DESCRIPTION AND VALUE OF PROPERTY	LOCATION OF PROPERTY
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### 15. Prior address of debtor

None  
☒

If the debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS	NAME USED	DATES OF OCCUPANCY
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### 16. Spouses and Former Spouses

None  
☒

If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

Form 7-Cont.  
(10/05)

## 17. Environmental Information.

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law.

a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law.

None



SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
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b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

None



SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
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c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

None



NAME AND ADDRESS OF GOVERNMENTAL UNIT	DOCKET NUMBER	STATUS OR DISPOSITION
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Form 7-Cont.  
(10/05)

## 18. Nature, location and name of business

None



a. If the debtor is an individual, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within the **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within the **six years** immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within the **six years** immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the business, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within the **six years** immediately preceding the commencement of this case.

NAME	LAST FOUR DIGITS OF SOC. SEC. NO./ COMPLETE EIN OR OTHER TAXPAYER I.D. NO.	ADDRESS	NATURE OF BUSINESS	BEGINNING AND ENDING DATES
Auto Tech		541 1st Ave SW Hickory, NC 28602		01/01/1997
Hambys Wrecker Service		1205 South Center St Hickory, NC 28677		12/25/2005

b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

None



NAME	ADDRESS
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## 19. Books, records and financial statements

None



a. List all bookkeepers and accountants who within **two years** immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

NAME AND ADDRESS	DATES SERVICES RENDERED
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b. List all firms or individuals who within the **two years** immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

None



NAME AND ADDRESS	DATES SERVICES RENDERED
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c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.

None



NAME	ADDRESS
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d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued by the debtor within **two years** immediately preceding the commencement of this case by the debtor.

None



NAME AND ADDRESS	DATE ISSUED
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Form 7-Cont.  
(10/05)

## 20. Inventories

None  
☒

a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

DATE OF INVENTORY	INVENTORY SUPERVISOR	DOLLAR AMOUNT OF INVENTORY (Specify cost, market or other basis)
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b. List the name and address of the person having possession of the records of each of the two inventories reported in a., above.

None  
☒

DATE OF INVENTORY	NAME AND ADDRESSES OF CUSTODIAN OF INVENTORY RECORDS
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## 21. Current Partners, Officers, Directors and Shareholders

None  
☒

a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

NAME AND ADDRESS	NATURE OF INTEREST	PERCENTAGE OF INTEREST
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b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5 percent or more of the voting securities of the corporation.

None  
☒

NAME AND ADDRESS	TITLE	NATURE AND PERCENTAGE OF STOCK OWNERSHIP
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## 22. Former partners, officers, directors and shareholders

None  
☒

a. If the debtor is a partnership, list each member who withdrew from the partnership within **one year** immediately preceding the commencement of this case.

NAME	ADDRESS	DATE OF WITHDRAWAL
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b. If the debtor is a corporation, list all officers, or directors whose relationship with the corporation terminated within **one year** immediately preceding the commencement of this case.

None  
☒

NAME AND ADDRESS	TITLE	DATE OF TERMINATION
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Form 7-Cont.  
(10/05)

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**23. Withdrawals from a partnership or distributions by a corporation**

None  
☒

If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during **one year** immediately preceding the commencement of this case.

NAME & ADDRESS OF RECIPIENT, RELATIONSHIP TO DEBTOR	DATE AND PURPOSE OF WITHDRAWAL	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
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**24. Tax Consolidation Group.**

None  
☒

If the debtor is a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within **six years** immediately preceding the commencement of the case.

NAME OF PARENT CORPORATION	TAXPAYER IDENTIFICATION NUMBER
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**25. Pension Funds.**

None  
☒

If the debtor is not an individual, list the name and federal taxpayer identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within **six years** immediately preceding the commencement of the case.

NAME OF PENSION FUND	TAXPAYER IDENTIFICATION NUMBER
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\* \* \* \* \*

*[if completed by an individual or individual and spouse]*

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date 01/03/07

Signature of Debtor s/ Ronnie Wayne Hamby  
Ronnie Wayne Hamby

Date 01/03/07

Signature of Joint Debtor s/ Karin Denise Hamby  
Karin Denise Hamby

**Official Form 22C (Chapter 13) (10/06)**

In re **Ronnie Wayne Hamby, Karin Denise Hamby**

Debtor(s)

Case Number: \_\_\_\_\_

(If known)

According to the calculations required by this statement:

- ☒ The applicable commitment period is 3 years.  
☐ The applicable commitment period is 5 years.  
☐ Disposable income is determined under § 1325(b)(3)  
☒ Disposable income is not determined under § 1325(b)(3)  
 (Check the boxes as directed in Lines 17 and 23 of this statement.)

**CHAPTER 13 STATEMENT OF CURRENT MONTHLY INCOME  
AND CALCULATION OF COMMITMENT PERIOD AND DISPOSABLE INCOME**

In addition to Schedules I and J, this statement must be completed by every individual Chapter 13 debtor, whether or not filing jointly. Joint debtors may complete one statement only.

Part I. REPORT OF INCOME					
<b>1</b>	<b>Marital/filing status.</b> Check the box that applies and complete the balance of this part of this statement as directed. a. <input type="checkbox"/> Unmarried. <b>Complete only Column A ("Debtor's Income") for Lines 2-10.</b> b. <input checked="" type="checkbox"/> Married. <b>Complete both Column A ("Debtor's Income") and Column B (Spouse's Income) for Lines 2-10.</b>				
	All figures must reflect average monthly income received from all sources, derived during the six calendar months prior to filing the bankruptcy case, ending on the last day of the month before the filing. If the amount of monthly income varied during the six months, you must divide the six-month total by six, and enter the result on the appropriate line.			<b>Column A Debtor's Income</b>	<b>Column B Spouse's Income</b>
<b>2</b>	<b>Gross wages, salary, tips, bonuses, overtime, commissions.</b>			<b>\$3,357.13</b>	<b>\$0.00</b>
<b>3</b>	<b>Income from the operation of a business, profession or farm.</b> Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 3. Do not enter a number less than zero. <b>Do not include any part of the business expenses entered on Line b as a deduction in Part IV.</b>				
	a.	Gross Receipts	<b>\$ 0.00</b>		
	b.	Ordinary and necessary business expenses	<b>\$ 0.00</b>		
	c.	Business income	Subtract Line b from Line a	<b>\$0.00</b>	<b>\$0.00</b>
<b>4</b>	<b>Rent and other real property income.</b> Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 4. Do not enter a number less than zero. <b>Do not include any part of the operating expenses entered on Line b as a deduction in Part IV.</b>				
	a.	Gross Receipts	<b>\$ 0.00</b>		
	b.	Ordinary and necessary operating expenses	<b>\$</b>		
	c.	Rent and other real property income	Subtract Line b from Line a	<b>\$0.00</b>	<b>\$0.00</b>
<b>5</b>	<b>Interest, dividends, and royalties.</b>			<b>\$0.00</b>	<b>\$0.00</b>
<b>6</b>	<b>Pension and retirement income.</b>			<b>\$0.00</b>	<b>\$0.00</b>
<b>7</b>	<b>Any amounts paid by another person or entity, on a regular basis, for the household expenses of the debtor or the debtor's dependents, including child or spousal support.</b> Do not include amounts paid by the debtor's spouse.			<b>\$0.00</b>	<b>\$0.00</b>
<b>8</b>	<b>Unemployment compensation.</b> Enter the amount in the appropriate column(s) of Line 8. However, if you contend that unemployment compensation received by you or your spouse was a benefit under the Social Security Act, do not list the amount of such compensation in Column A or B, but instead state the amount in the space below:				
	Unemployment compensation claimed to be a benefit under the Social Security Act		Debtor \$ _____	Spouse \$ _____	<b>\$</b>
<b>9</b>	<b>Income from all other sources.</b> Specify source and amount. If necessary, list additional sources on a separate page. Total and enter on Line 9. <b>Do not include</b> any benefits received under the Social Security Act or payments received as a victim of a war crime, crime against humanity, or as a victim of international or domestic terrorism.				
	a.		<b>\$</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>10</b>	<b>Subtotal.</b> Add Lines 2 thru 9 in Column A, and, if Column B is completed, add Lines 2 thru 9 in Column B. Enter the total(s).			<b>\$3,357.13</b>	<b>\$0.00</b>

Official Form 22C (Chapter 13) (10/06) - Cont.

2

11	<b>Total.</b> If Column B has been completed, add Line 10, Column A to Line 10, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 10, Column A.	\$ 3,357.13
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**Part II. CALCULATION OF § 1325(b)(4) COMMITMENT PERIOD**

12	<b>Enter the amount from Line 11.</b>	\$ 3,357.13
13	<b>Marital adjustment.</b> If you are married, but are not filing jointly with your spouse, AND if you contend that calculation of the commitment period under § 1325(b)(4) does not require inclusion of the income of your spouse, enter the amount of the income listed in Line 10, Column B that was NOT paid on a regular basis for the household expenses of you or your dependents. Otherwise, enter zero.	\$ 0.00
14	<b>Subtract Line 13 from Line 12 and enter the result.</b>	\$ 3,357.13
15	<b>Annualized current monthly income for § 1325(b)(4).</b> Multiply the amount from Line 14 by the number 12 and enter the result.	\$ 40,285.56
16	<b>Applicable median family income.</b> Enter the median family income for applicable state and household size. (This information is available by family size at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) a. Enter debtor's state of residence: <u>NC</u> b. Enter debtor's household size: <u>3</u>	\$ 50,528.00
17	<b>Application of § 1325(b)(4).</b> Check the applicable box and proceed as directed. <input checked="" type="checkbox"/> <b>The amount on Line 15 is less than the amount on Line 16.</b> Check the box for "The applicable commitment period is 3 years" at the top of page 1 of this statement and continue with this statement.  <input type="checkbox"/> <b>The amount on Line 15 is not less than the amount on Line 16.</b> Check the box for "The applicable commitment period is 5 years" at the top of page 1 of this statement and continue with this statement.	

**Part III. APPLICATION OF § 1325(b)(3) FOR DETERMINING DISPOSABLE INCOME**

18	<b>Enter the amount from Line 11.</b>	\$ 3,357.13
19	<b>Marital adjustment.</b> If you are married, but are not filing jointly with your spouse, enter the amount of the income listed in Line 10, Column B that was NOT paid on a regular basis for the household expenses of you or your dependents. If you are unmarried or married and filing jointly with your spouse, enter zero.	\$ 0.00
20	<b>Current monthly income for § 1325(b)(3).</b> Subtract Line 19 from Line 18 and enter the result.	\$ 3,357.13
21	<b>Annualized current monthly income for § 1325(b)(3).</b> Multiply the amount from Line 20 by the number 12 and enter the result.	\$ 40,285.56
22	<b>Applicable median family income.</b> Enter the amount from Line 16	\$ 50,528.00
23	<b>Application of § 1325(b)(3).</b> Check the applicable box and proceed as directed. <input type="checkbox"/> <b>The amount on Line 21 is more than the amount on Line 22.</b> Check the box for "Disposable income is determined under § 1325(b)(3)" at the top of page 1 of this statement and complete the remaining parts of this statement. <input checked="" type="checkbox"/> <b>The amount on Line 21 is not more than the amount on Line 22.</b> Check the box for "Disposable income is not determined under § 1325(b)(3)" at the top of page 1 of this statement and complete Part VII of this statement. <b>Do not complete Parts IV, V, or VI.</b>	

**Part IV. CALCULATION OF DEDUCTIONS ALLOWED UNDER § 707(b)(2)**

**Subpart A: Deductions under Standards of the Internal Revenue Service (IRS)**

24	<b>National Standards: food, clothing, household supplies, personal care, and miscellaneous.</b> Enter "Total" amount from IRS National Standards for Allowable Living Expenses for the applicable family size and income level. (This information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)	\$
25A	<b>Local Standards: housing and utilities; non-mortgage expenses.</b> Enter the amount of the IRS Housing and Utilities Standards; non-mortgage expenses for the applicable county and family size. (This information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)	\$

Official Form 22C (Chapter 13) (10/06) - Cont.

3

25B	<p><b>Local Standards: housing and utilities; mortgage/rent expense.</b> Enter, in Line a below, the amount of the IRS Housing and Utilities Standards; mortgage/rent expense for your county and family size. (This information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court); enter on Line b the total of the Average Monthly Payments for any debts secured by your home, as stated in Line 47; subtract Line b from Line a and enter the result in Line 25B. <b>Do not enter an amount less than zero.</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">a.</td><td style="width: 60%;">IRS Housing and Utilities Standards; mortgage/rent expense</td><td style="width: 35%;">\$</td></tr> <tr> <td style="text-align: center;">b.</td><td>Average Monthly Payment for any debts secured by home, if any, as stated in Line 47.</td><td>\$</td></tr> <tr> <td style="text-align: center;">c.</td><td>Net mortgage/rental expense</td><td>Subtract Line b from Line a</td></tr> </table>	a.	IRS Housing and Utilities Standards; mortgage/rent expense	\$	b.	Average Monthly Payment for any debts secured by home, if any, as stated in Line 47.	\$	c.	Net mortgage/rental expense	Subtract Line b from Line a	\$
a.	IRS Housing and Utilities Standards; mortgage/rent expense	\$									
b.	Average Monthly Payment for any debts secured by home, if any, as stated in Line 47.	\$									
c.	Net mortgage/rental expense	Subtract Line b from Line a									
26	<p><b>Local Standards: housing and utilities; adjustment.</b> If you contend that the process set out in Lines 25A and 25B does not accurately compute the allowance to which you are entitled under the IRS Housing and Utilities Standards, enter any additional amount to which you contend you are entitled, and state the basis for your contention in the space below:</p>	\$									
27	<p><b>Local Standards: transportation; vehicle operation/public transportation expense.</b> You are entitled to an expense allowance in this category regardless of whether you pay the expenses of operating a vehicle and regardless of whether you use public transportation.</p> <p>Check the number of vehicles for which you pay the operating expenses or for which the operating expenses are included as a contribution to your household expenses in Line 7. <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 or more.</p> <p>Enter the amount from IRS Transportation Standards, Operating Costs &amp; Public Transportation Costs for the applicable number of vehicles in the applicable Metropolitan Statistical Area or Census Region. (This information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)</p>	\$									
28	<p><b>Local Standards: transportation ownership/lease expense; Vehicle 1.</b> Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.)</p> <p><input type="checkbox"/> 1 <input type="checkbox"/> 2 or more.</p> <p>Enter, in Line a below, the amount of the IRS Transportation Standards, Ownership Costs, First Car (available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 1, as stated in Line 47; subtract Line b from Line a and enter the result in Line 28. <b>Do not enter an amount less than zero.</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">a.</td><td style="width: 60%;">IRS Transportation Standards, Ownership Costs, First Car</td><td style="width: 35%;">\$</td></tr> <tr> <td style="text-align: center;">b.</td><td>Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 47.</td><td>\$</td></tr> <tr> <td style="text-align: center;">c.</td><td>Net ownership/lease expense for Vehicle 1</td><td>Subtract Line b from Line a</td></tr> </table>	a.	IRS Transportation Standards, Ownership Costs, First Car	\$	b.	Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 47.	\$	c.	Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a	\$
a.	IRS Transportation Standards, Ownership Costs, First Car	\$									
b.	Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 47.	\$									
c.	Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a									
29	<p><b>Local Standards: transportation ownership/lease expense; Vehicle 2.</b> Complete this Line only if you checked the "2 or more" Box in Line 28.</p> <p>Enter, in Line a below, the amount of the IRS Transportation Standards, Ownership Costs, Second Car (available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 47; subtract Line b from Line a and enter the result in Line 29. <b>Do not enter an amount less than zero.</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">a.</td><td style="width: 60%;">IRS Transportation Standards, Ownership Costs, Second Car</td><td style="width: 35%;">\$</td></tr> <tr> <td style="text-align: center;">b.</td><td>Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 47</td><td>\$</td></tr> <tr> <td style="text-align: center;">c.</td><td>Net ownership/lease expense for Vehicle 2</td><td>Subtract Line b from Line a</td></tr> </table>	a.	IRS Transportation Standards, Ownership Costs, Second Car	\$	b.	Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 47	\$	c.	Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a	\$
a.	IRS Transportation Standards, Ownership Costs, Second Car	\$									
b.	Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 47	\$									
c.	Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a									
30	<p><b>Other Necessary Expenses: taxes.</b> Enter the total average monthly expense that you actually incur for all federal, state and local taxes, other than real estate and sales taxes, such as income taxes, self employment taxes, social security taxes, and Medicare taxes. <b>Do not include real estate or sales taxes.</b></p>	\$									
31	<p><b>Other Necessary Expenses: mandatory payroll deductions.</b> Enter the total average monthly payroll deductions that are required for your employment, such as mandatory retirement contributions, union dues, and uniform costs. <b>Do not include discretionary amounts, such as non-mandatory 401(k) contributions.</b></p>	\$									
32	<p><b>Other Necessary Expenses: life insurance.</b> Enter average monthly premiums that you actually pay for term life insurance for yourself. <b>Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance.</b></p>	\$									

Official Form 22C (Chapter 13) (10/06) - Cont.

4

33	<b>Other Necessary Expenses: court-ordered payments.</b> Enter the total monthly amount that you are required to pay pursuant to court order, such as spousal or child support payments. <b>Do not include payments on past due support obligations included in Line 49.</b>	\$												
34	<b>Other Necessary Expenses: education for employment or for a physically or mentally challenged child.</b> Enter the total monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.	\$												
35	<b>Other Necessary Expenses: childcare.</b> Enter the average monthly amount that you actually expend on childcare- such as baby-sitting, day care, nursery and preschool. <b>Do not include other educational payments.</b>	\$												
36	<b>Other Necessary Expenses: health care.</b> Enter the average monthly amount that you actually expend on health care expenses that are not reimbursed by insurance or paid by a health savings account. <b>Do not include payments for health insurance or health savings accounts listed in Line 39.</b>	\$												
37	<b>Other Necessary Expenses: telecommunication services.</b> Enter the average monthly amount that you actually pay for telecommunication services other than your basic home telephone service—such as cell phones, pagers, call waiting, caller id, special long distance, or internet service—to the extent necessary for your health and welfare or that of your dependents. <b>Do not include any amount previously deducted.</b>	\$												
38	<b>Total Expenses Allowed under IRS Standards.</b> Enter the total of Lines 24 through 37.	\$												
<b>Subpart B: Additional Expense Deductions under § 707(b)</b> <b>Note: Do not include any expenses that you have listed in Lines 24-37</b>														
39	<b>Health Insurance, Disability Insurance and Health Savings Account Expenses.</b> List and total the average monthly amounts that you actually pay for yourself, your spouse, or your dependents in the following categories.	\$												
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">a.</td> <td style="width: 75%;">Health Insurance</td> <td style="width: 20%; text-align: center;">\$</td> </tr> <tr> <td style="text-align: center;">b.</td> <td>Disability Insurance</td> <td style="text-align: center;">\$</td> </tr> <tr> <td style="text-align: center;">c.</td> <td>Health Savings Account</td> <td style="text-align: center;">\$</td> </tr> <tr> <td colspan="2"></td> <td style="text-align: center;">Total: Add Lines a, b and c</td> </tr> </table>		a.	Health Insurance	\$	b.	Disability Insurance	\$	c.	Health Savings Account	\$			Total: Add Lines a, b and c	\$
a.	Health Insurance	\$												
b.	Disability Insurance	\$												
c.	Health Savings Account	\$												
		Total: Add Lines a, b and c												
40	<b>Continued contributions to the care of household or family members.</b> Enter the actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. <b>Do not include payments listed in Line 34.</b>	\$												
41	<b>Protection against family violence.</b> Enter any average monthly expenses that you actually incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.	\$												
42	<b>Home energy costs.</b> Enter the average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities, that you actually expend for home energy costs. <b>You must provide your case trustee with documentation demonstrating that the additional amount claimed is reasonable and necessary.</b>	\$												
43	<b>Education expenses for dependent children under 18.</b> Enter the average monthly expenses that you actually incur, not to exceed \$125 per child, in providing elementary and secondary education for your dependent children less than 18 years of age. <b>You must provide your case trustee with documentation demonstrating that the amount claimed is reasonable and necessary and not already accounted for in the IRS Standards.</b>	\$												
44	<b>Additional food and clothing expense.</b> Enter the average monthly amount by which your food and clothing expenses exceed the combined allowances for food and apparel in the IRS National Standards, not exceed five percent of those combined allowances. (This information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) <b>You must provide your case trustee with documentation demonstrating that the additional amount claimed is reasonable and necessary.</b>	\$												
45	<b>Continued charitable contributions.</b> Enter the amount that you will continue to contribute in the form of cash or financial instruments to a charitable organization as defined in 26 U.S.C. § 170(c)(1)-(2).	\$												
46	<b>Total Additional Expense Deductions under § 707(b).</b> Enter the total of Lines 39 through 45.	\$												

Official Form 22C (Chapter 13) (10/06) - Cont.

5

**Subpart C: Deductions for Debt Payment**

47	<p><b>Future payments on secured claims.</b> For each of your debts that is secured by an interest in property that you own, list the name of the creditor, identify the property securing the debt, and state the Average Monthly Payment. The Average Monthly Payment is the total of all amounts contractually due to each Secured Creditor in the 60 months following the filing of the bankruptcy case, divided by 60. Mortgage debts should include payments of taxes and insurance required by the mortgage. If necessary, list additional entries on a separate page.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;"></th> <th style="width: 30%;">Name of Creditor</th> <th style="width: 30%;">Property Securing the Debt</th> <th style="width: 35%;">60-month Average Payment</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">a.</td> <td></td> <td></td> <td>\$</td> </tr> </tbody> </table> <p style="text-align: right;">Total: Add Lines a, b and c</p>		Name of Creditor	Property Securing the Debt	60-month Average Payment	a.			\$	\$				
	Name of Creditor	Property Securing the Debt	60-month Average Payment											
a.			\$											
48	<p><b>Other payments on secured claims.</b> If any of the debts listed in Line 47 are secured by your primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents, you may include in your deduction 1/60th of any amount (the "cure amount") that you must pay the creditor in addition to the payments listed in Line 47, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a separate page.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;"></th> <th style="width: 30%;">Name of Creditor</th> <th style="width: 30%;">Property Securing the Debt</th> <th style="width: 35%;">1/60th of the Cure Amount</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p style="text-align: right;">Total: Add Lines a, b and c</p>		Name of Creditor	Property Securing the Debt	1/60th of the Cure Amount					\$				
	Name of Creditor	Property Securing the Debt	1/60th of the Cure Amount											
49	<p><b>Payments on priority claims.</b> Enter the total amount of all priority claims (including priority child support and alimony claims), divided by 60.</p>	\$												
50	<p><b>Chapter 13 administrative expenses.</b> Multiply the amount in line a by the amount in line b, and enter the resulting administrative expense.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="width: 5%; text-align: center;">a.</td> <td style="width: 55%;">Projected average monthly Chapter 13 plan payment.</td> <td style="width: 40%;">\$</td> </tr> <tr> <td style="text-align: center;">b.</td> <td>Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)</td> <td style="text-align: center;">x</td> </tr> <tr> <td style="text-align: center;">c.</td> <td>Average monthly administrative expense of Chapter 13 case</td> <td></td> </tr> <tr> <td colspan="2"></td> <td style="text-align: right;">Total: Multiply Lines a and b</td> </tr> </tbody> </table>	a.	Projected average monthly Chapter 13 plan payment.	\$	b.	Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)	x	c.	Average monthly administrative expense of Chapter 13 case				Total: Multiply Lines a and b	\$
a.	Projected average monthly Chapter 13 plan payment.	\$												
b.	Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)	x												
c.	Average monthly administrative expense of Chapter 13 case													
		Total: Multiply Lines a and b												
51	<p><b>Total Deductions for Debt Payment.</b> Enter the total of Lines 47 through 50.</p>	\$												
<b>Subpart D: Total Deductions Allowed under § 707(b)(2)</b>														
52	<p><b>Total of all deductions allowed under § 707(b)(2).</b> Enter the total of Lines 38, 46, and 51.</p>	\$												

**Part V. DETERMINATION OF DISPOSABLE INCOME UNDER § 1325(b)(2)**

53	<p><b>Total current monthly income.</b> Enter the amount from Line 20.</p>	\$
54	<p><b>Support income.</b> Enter the monthly average of any child support payments, foster care payments, or disability payments for a dependent child, included in Line 7, that you received in accordance with applicable nonbankruptcy law, to the extent reasonably necessary to be expended for such child.</p>	\$
55	<p><b>Qualified retirement deductions.</b> Enter the monthly average of (a) all contributions or wage deductions made to qualified retirement plans, as specified in § 541(b)(7) and (b) all repayments of loans from retirement plans, as specified in § 362(b)(19).</p>	\$
56	<p><b>Total of all deductions allowed under § 707(b)(2).</b> Enter the amount from Line 52.</p>	\$
57	<p><b>Total adjustments to determine disposable income.</b> Add the amounts on Lines 54, 55, and 56 and enter the result.</p>	\$
58	<p><b>Monthly Disposable Income Under § 1325(b)(2).</b> Subtract Line 57 from Line 53 and enter the result.</p>	\$

**Part VI. ADDITIONAL EXPENSE CLAIMS**

59

**Other Expenses.** List and describe any monthly expenses, not otherwise stated in this form, that are required for the health and welfare of you and your family and that you contend should be an additional deduction from your current monthly income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average monthly expense for each item. Total the expenses.

Expense Description	Monthly Amount
Total: Add Lines a, b, and c	\$

**Part VII: VERIFICATION**

60

I declare under penalty of perjury that the information provided in this statement is true and correct. *(If this a joint case, both debtors must sign.)*

Date: 01/03/07

Signature: s/ Ronnie Wayne Hamby

Ronnie Wayne Hamby, (Debtor)

Date: 01/03/07

Signature: s/ Karin Denise Hamby

Karin Denise Hamby, (Joint Debtor, if any)

**Income from all other sources (continued)**

B 203  
(12/94)

UNITED STATES BANKRUPTCY COURT  
Western District of North Carolina

In re: Ronnie Wayne Hamby Karin Denise Hamby  
Debtors

Case No. \_\_\_\_\_  
Chapter 13

**DISCLOSURE OF COMPENSATION OF ATTORNEY  
FOR DEBTOR**

1. Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept	\$	<u>3,050.00</u>
Prior to the filing of this statement I have received	\$	<u>350.00</u>
Balance Due	\$	<u>2,700.00</u>

2. The source of compensation paid to me was:

☒ Debtor ☐ Other (specify)

3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify)

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a) Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b) Preparation and filing of any petition, schedules, statement of affairs, and plan which may be required;
- c) Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d) [Other provisions as needed]

**Exemption planning; preparation and filing of motions pursuant to 11 USC 522 (f)(2)(A) for avoidance of liens on household goods - see fee contract**

6. By agreement with the debtor(s) the above disclosed fee does not include the following services:

**Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions or any other adversary proceedings. Negotiations with secured creditors to reduce market value; preparation and filing of reaffirmation agreements and applications as needed - see fee contract**

**CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

Dated: 01/03/07

Robert H. Gourley Jr., Bar No. 19034

**Gourley and Griffin**  
Attorney for Debtor(s)